

Superintendent Verification of Mentored Experience

Instructions

This form is only to be used for candidates who are submitting an application for a PROFESSIONAL teaching certificate. It is to be completed by the superintendent of schools or, if the mentored experience was completed while the candidate was employed by a non-public school, the principal or person in equivalent position with the school.

The candidate named below is seeking Professional certification. Candidates for Professional certification are required, in accordance with Part 80-3.4 of Commissioner's Regulations, to complete a **mentored teaching experience** in their first year of teaching with a New York State **Initial** classroom teaching certificate. Please complete the shaded areas verifying that the candidate received a mentored experience in his/her first year teaching while employed by the district/BOCES/nonpublic school or was exempted from this requirement.

First Name	Last Name	Middle Initial	
Street Address	City	State	Zip Code
Maiden Name (if applicable)	Date of Birth	Social Security Number	
Certificate Title Employed Under			

Mentored Teaching Experience

(Check and Complete **one** of the **shaded** boxes **only** and the Attestation)

- The candidate named above served as a classroom teacher and received mentoring in fulfillment of teacher certification requirements (CR Part 80-3.4) for the Professional teaching certificate during the _____ school year. Such mentoring was in accordance with CR Part 100.2 (dd) (iv).
- The candidate named above was determined to have met conditions for a waiver to the requirement for completion of the mentored experience in accordance with CR Part 80-3.4. The candidate had at least 2 years of teaching experience at _____ school/school district prior to being employed in this school district under an Initial certificate.

Attestation of Chief School Officer

I confirm that the above information is correct and documentation to support this information is retained at the district for examination by the Commissioner of Education or his/her representative.

Signature of Superintendent/Nonpublic Chief School Officer	Date
Print Name _____	
Superintendent's/Nonpublic Chief School Officer's Phone # _____	
Superintendent's/Nonpublic Chief School Officer's E-mail _____	
District/Nonpublic School Name _____	
District/Nonpublic School Address _____	
Agency/Nonpublic School Code (if applicable) _____	

Please Return Completed Form to: NYSED Office of Teaching Initiatives, 89 Washington Ave EB RM 5N, Albany, NY 12234